PRINTED: 08/03/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS391AGC 07/27/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **4180 E CINCINNATI AVENUE** ST JOSEPH GROUP CARE 2 LAS VEGAS, NV 89104 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 000 Y 000 **Initial Comments** The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 7/27/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.

The facility was licensed for six (6) Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness. The census at the time of the survey was 6 residents. Six resident files were reviewed and 2 employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of B.

There were no complaints investigated

The following deficiencies were identified:

Y 176 449.209(4)(c) Health and Sanitation-Insects, SS=E Rodents

NAC 449.209

- 4. To the extent practicable, the premises of the facility must be kept free from:
- (c) Insects and rodents.

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

This Regulation is not met as evidenced by:

Y 176

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07/27/2009

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ST JOSEPH GROUP CARE 2		4180 E CINCINNATI AVENUE LAS VEGAS, NV 89104		UE	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 176	Based on observation and interview on 7/27/09, the facility failed to keep 1 of 3 bedrooms free from bugs & insects. Findings include: Two (2) of (6) residents reported that they were being bitten by bugs at night while in their beds. On 7/27/09, 1 of 6 residents had evidence of tiny insect bites on his legs and arms. The resident reported that the most recent incident incident occurred on the night of 7/26/09, while he was in his bed sleeping.		Y 176		
Y 179 SS=F	provided documentation of a current monthly control agreement. Severity: 2 Scope: 2 449.209(6) Health and Sanitation-Screens	y pest	Y 179		
	NAC 449.209 6. All windows that are capable of being ope in the facility and all doors that are left open provide ventilation for the facility must be screened to prevent the entry of insects.				
	This Regulation is not met as evidenced by Based on observation on 7/27/09, the facility failed to provide screen on the windows to prevent the entry of insects.				
	Findings include: There was no window screen on the window located in the kitchen and in Bedroom #3.	V		this statement of deficiencies	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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daily for lunch and cold cereal for breakfast. The menu revealed that the facility serves items like; waffles, coffee, sausage, bacon, oatmeal, eggs & muffins for breakfast. The menu also revealed that the facility serve burritos, roast beef, turkey

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ST JOSEPH GROUP CARE 2		4180 E CINCINNATI AVENUE LAS VEGAS, NV 89104				
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Y 276	Continued From page 3 sandwiches and hot dogs for lunch. Three or residents indicated that these items are never rarely ever served. There were no meal substitutions documented the menu. Residents indicated that they were not provide an variety for meals or meals that they like to Severity: 2 Scope: 2	er or ed on ded				
Y 301 SS=D	449.218(2) Bedrooms - Window Requirement NAC 449.218 2. Each bedroom in a residential facility must have one or more windows that can be open from the inside without the use of tools or a count to the outside which is at least 36 inches wide and can be opened from the inside. This Regulation is not met as evidenced by: Based on observation and interview on 7/27/ the facility failed to ensure 1 of 3 bedrooms havindow that could be opened from the inside the facility without the use of a tool (bedroom Findings include:	t ed door e e (709, mad a e of m #3).				
	opened from the inside of the facility. Interview with Employee #2 indicated the facility bolted the window shut, so an ex-resident of facility could not return. Employee #2 demonstrated that the window was unable to opened. Severity: 2 Scope: 1	ility of the				

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